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CONFIRMATION NO. 2707

SERIAL NUMBER 10/627,195	FILING OR 371(c) DATE 07/25/2003 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. 09799910.0038
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/397,048 03/25/2003
 which claims benefit of 60/380,762 05/14/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 12/02/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26263

TITLE

WOUND HEALING COMPOSITIONS AND METHODS OF USE

FILING FEE RECEIVED 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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